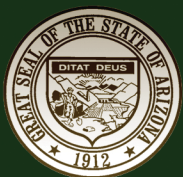


Arizona Department of Administration  
**Benefit Services Division**



*Open Enrollment*  
**Benefit Guide**

*University Employees*  
*Plan Year*  
*2008 - 2009*



**Benefit Options**  
Choice. Value. Health.

Benefit Options  
**Wellness**  
Be Well Stay Well.

# IMPORTANT CONTACT INFORMATION

Contact	Phone Number	Web Address	Policy Number
<b>Medical Plans</b>			
UMR (formerly Fiserv Health Harrington) Arizona Foundation, Beech Street, RAN + AMN Healthcare	1.888.999.1459	www.myazhealth.com	3J
TDD/TTY	1.866.503.3463		
United Healthcare	1.800.896.1067	www.myuhc.com	705963
TDD/TTY	1.888.697.9055		
Blue Cross Blue Shield (NAU only)	1.928.526.0232 1.800.423.6484	www.bcbsaz.com	Grp #0002 Active
<b>Pharmacy</b>			
Walgreens Health Initiatives	1.866.722.2141	www.mywhi.com	512298
<b>Dental Plans</b>			
Delta Dental	602.588.3620 or 1.866.9state9	www.deltadentalaz.com	7777-0000
Total Dental Administrators Health Plans, Inc.	602.381.4280 or 1.866.921.7687	www.totaldentaladmin.com	680100
<b>Vision Plan</b>			
Avesis, Inc.	1.800.828.9341	www.avesis.com	10790-1040
<b>Life Insurance Plans</b>			
Standard Insurance Company	1.866.440.4846	www.standard.com/mybenefits/arizona	617950
Aetna Life Insurance	1.800.523.5065	www.aetna.com	
<b>Short Term Disability</b>			
Standard Insurance Company	1.866.440.4846	www.standard.com/mybenefits/arizona	617950
UnumProvident	1.800.851.7637	www.unumprovident.com	
<b>Other Important Numbers</b>			
Arizona State University Tempe and Polytechnic campus employees PO Box 875612 Tempe, AZ 85287-5612		1.480.965.2701 www.asu.edu/hr/benefits email:askhr@asu.edu	
West and Downtown Phoenix campus employees PO Box 37100 Phoenix, AZ 85069		1.602.543.8400 www.west.asu.edu/hr/hr.html email:benefitswest@asu.edu	
Northern Arizona University PO Box 4113 Flagstaff, AZ 86011-4113		1.928.523.2223 www.hr.nau.edu/ email:hr.contact@nau.edu	
The University of Arizona 888 N Euclid, Ste. 114 Tucson, AZ 85721		1.520.621.3662 www.hr.Arizona.edu email:benefits@email.arizona.edu	
ADOA Benefits Office 100 N 15th Ave #103 Phoenix, AZ 85007	1.602.542.5008 1.800.304.3687	www.benefitoptions.az.gov email: beneissues@azdoa.gov	

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division.  
If you need this information in an alternative format, please call 602.542.5008, option 2.

JANET NAPOLITANO  
Governor



WILLIAM BELL  
Director

ARIZONA DEPARTMENT OF ADMINISTRATION  
OFFICE OF THE DIRECTOR

100 N. 15<sup>TH</sup> AVE., SUITE 401  
PHOENIX, ARIZONA 85007  
(602) 542-1500

August, 2008

Dear Benefit Options Member:

As a state employee, you are qualified to participate in one of our strongest benefits, the self-insured Benefit Options health plan. There are several changes this year and I invite you to take the time to read all the enrollment material and make your choices carefully during the Open Enrollment period which begins **August 11 and ends September 5, 2008**. Action is required during open enrollment because there are some significant changes in providers, eligibility, and plan design this year. Please see your agency's Benefits Liaison if you have any difficulty enrolling or if you have questions.

One of the changes that you will note this year is a slight increase in cost to you. Employee premiums for health insurance will increase by \$5 per month for a single enrollee, \$10 per month for employee plus one, and \$25 per month for families. These increases apply to the EPO plans and there are also increases to the PPO plans. The State as an employer has absorbed all cost increases for several years and employees have not faced an increase to their premiums. We believe these limited increases are fair and reasonable given the ever-increasing costs of medical care and drug costs.

There are also two new significant eligibility developments: Domestic Partners and Older Children. You will find details in the Open Enrollment Guide accompanying this letter concerning these benefits. Another eligibility related change includes a new tier option, "employee plus one" for dental insurance.

Other benefit changes will have minimal impact on most employees and dependents. Some of these changes increase services, while others institute more control over high cost medical care. We are proud that we can continue to offer such a strong program of services to our employees. Please take time to carefully read the Open Enrollment Guide enclosed and go online through your applicable, web-based employee information system. Instructions for re-enrollment are included in this packet.

Should you have questions or concerns, be sure to call your Human Resources Office or visit the website at [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "William Bell".  
William Bell  
Director



# TABLE OF CONTENTS

<b>What's New</b> .....	2 - 4
<b>Eligibility Audit Letter</b> .....	5
<b>2008-2009 Rates</b>	
2008-2009 Rate Charts .....	6 - 8
Important Information & Benefit Fairs .....	9
<b>How to Enroll</b> .....	10
<b>Eligibility and Other Important Information</b>	
Eligibility .....	11 - 13
Other Important Information .....	14
<b>Medical</b>	
Medical Plan Information .....	15
Medical Plan Comparison Chart .....	16
<b>Pharmacy</b>	
Pharmacy Plan Information .....	17 - 18
<b>Dental</b>	
Dental Plan Information / Comparison Chart .....	19 - 20
<b>Vision</b>	
Vision Plan Information .....	21 - 22
<b>Arizona, National, and International Coverage</b>	
Comparison Chart .....	23
<b>Employee Wellness</b>	
Wellness Program Information .....	24 - 25
<b>Life Insurance</b>	
Life Insurance Benefits .....	26 - 28
<b>Disability Benefits</b>	
Short Term and Long Term Disability Plan Information .....	29 - 30
<b>Questions and Answers</b>	
Open Enrollment Q&A's .....	31 - 32

The Benefit Options Guide is designed to provide an overview of the Benefit Options Program and the benefits offered through the State of Arizona. The actual benefits available to you and the descriptions of these benefits are governed, in all cases, by the relevant Plan Descriptions and contracts. The State of Arizona reserves the right to modify, change, revise, amend or terminate these benefit plans at anytime.



# WHAT'S NEW FOR PLAN YEAR 2008-2009

## **Eligibility Changes:**

There are two new significant developments: **Domestic Partners** and **Older Children**. Here is a brief summary of the requirements for each:

**Domestic Partners:** must share residence with employee or retiree and have done so continuously for the past 12 months; not legally married to or separated from anyone else; not a close blood relative; at least 18 years old; meets certain financial interdependency tests. See the Eligibility Section on pages 11-13 of this booklet for full details.

**Older Child:** is younger than 25 years; unmarried; was covered by an Arizona Department of Administration (ADOA) insurance plan while 18 years of age; resides in Arizona; and is a natural child, adopted, stepchild, or employee was a court-ordered guardian when the child was 18 years or younger. See the Eligibility Section on pages 11-13 of this booklet for full details.

## **Schaller Anderson:**

The Schaller Anderson Healthcare provider contract will not be renewed for the next health plan year beginning October 1, 2008. All members will be given other provider options during open enrollment and any on-going medical needs will be handled under a transition of care plan worked out between the Department of Administration, Schaller Anderson Healthcare and Strategic Health Development Corporation.

## **Dental Services:**

The number of dental providers has been reduced from four to two, however ADOA Benefit Options is still offering a pre-paid plan (Total Dental Administrators Health Plan, Inc.) and a PPO plan (Delta Dental of Arizona). Additionally, ADOA Benefit Options expanded the tiers to include an employee plus one tier as was implemented with the medical plans last year.

## **Employee contributions:**

Employee contributions toward their health insurance increased slightly for the Plan Year 2008-2009. Single coverage increases from \$25 to \$30 per month, employee plus one coverage increases from \$50 to \$60; and family coverage increases from \$125 to \$150 per month.

## **Medical Management:**

For those using the RAN+AMN, Beech Street or Arizona Foundation networks, ADOA Benefit Options has changed Medical Management companies to Strategic Health Development Corporation (Strategic). ADOA Benefit Options contracted with Strategic in February of 2008 to take over utilization management and review tasks previously performed by the Schaller Anderson Healthcare group. Strategic handles prior-authorizations, review of hospital admissions and stays, and provides case management and disease management services for members covered under the RAN+AMN, Beech Street and Arizona Foundation networks.

**Hearing aids:**

Previously this benefit paid up to \$2,000 per year (whether you needed one or two hearing aids). It is now \$1,500 per ear. Also, now ADOA Benefit Options will cover repair and cleaning for all hearing aids. For cochlear implants, batteries will now be covered.

**CAT/CT imagery:**

Prior-authorization will be required for these procedures. Authorizations requests are submitted by your physician. ADOA Benefit Options already requires prior-authorization for MRI's and PET scans.

**Injection prior-authorizations:**

Any injections costing more than \$350 each and administered at a physician's office will require a prior-authorization. If you are impacted by this change, you may consult with your physician as to whether or not your condition allows you to self-administer injections after proper training.

**Specific drug controls:**

Due to the need to manage excessive costs of certain high dollar medications, ADOA Benefit Options will continue reviewing clinical appropriateness criteria for identified medications. Your physician may be asked to demonstrate the need for these particular drugs when cost effective alternatives are available. Examples include Oxycontin and Actiq.

**Independent Medical Assessments:**

ADOA Benefit Options reserves the right to require independent medical assessments in cases of high cost treatment plans. This process has been designed to assure the resources ordered are both required and appropriate for the conditions present. Because medical technology advances so quickly, ADOA Benefit Options wants to make sure that you are receiving both necessary care and the best available care within the limits of our coverage.

**Inappropriate Care:**

The Federal Centers for Medicare and Medicaid Services (CMS) has launched an initiative to make providers responsible for additional medical services needed as a result of avoidable complications. ADOA Benefit Options intends to follow the CMS guidelines and refuse payment for avoidable complications.

**Autism Coverage:**

Note this is a future event that begins July 1, 2009. Starting July, 2009, autism related services will increase pursuant to a newly passed state law. Therapeutic services for those diagnosed with autism will be the primary area of expansion.

### **Wellness and Mayo Clinic team up to offer the annual Health Assessment:**

Benefit Options Wellness' newest addition is the Mayo Clinic Health Assessment, a professionally developed questionnaire, designed to help members become knowledgeable about their health. August 11, 2008 through January 30, 2009 members will have access to the Health Assessment online through the Mayo Clinic EmbodyHealth Web Portal at [www.bewellstaywell.az.gov](http://www.bewellstaywell.az.gov). The Health Assessment takes only 15 minutes to complete and offers members an opportunity to improve their health through progressive lifestyle changes. All participants will receive a FREE T-shirt and be entered into a drawing for 500, \$25 awards. Upon completion of the Health Assessment, members may also be eligible for FREE one-on-one telephonic EmbodyHealth Coaching. Participants can choose from five EmbodyHealth modules including: Healthy Weight, Exercise, Stress, Tobacco Cessation, and Nutrition. Once enrolled in EmbodyHealth Coaching the Mayo Clinic professionals will provide support to help employees set goals, implement lifestyle changes, and improve and maintain health.

Benefit Options Wellness is proud to offer the Mayo Clinic EmbodyHealth package of services through the EmbodyHealth web portal [www.bewellstaywell.az.gov](http://www.bewellstaywell.az.gov), and encourages employees to take an active role in their health by logging on and utilizing these valuable resources.



# ATTENTION: ELIGIBILITY AUDIT NOTIFICATION

## PLEASE READ CAREFULLY

JANET NAPOLITANO  
Governor



WILLIAM BELL  
Director

### ARIZONA DEPARTMENT OF ADMINISTRATION OFFICE OF THE DIRECTOR

100 N. 15<sup>TH</sup> AVE., SUITE 401  
PHOENIX, ARIZONA 85007  
(602) 542-1500

August, 2008

Dear State Employee:

The Department of Administration's Benefit Services Division (BSD) will soon undertake a dependent eligibility audit of members in the Benefit Options health plans. This audit is one among several scheduled since the State moved to self-insurance. All reviews are to ensure that public funds are being appropriately expended. Arizona Revised Statutes § 35-181.02 requires us to "...establish procedures for the return and resolution of any claim for which funds are not available or which payment is contrary to law."

These audits will begin about October 1, 2008, for employees and sometime in 2009 for retirees. If at the time of audit no errors or misrepresentations are discovered in your benefits file, it is not our current intent to look further. However, if at the time your account is reviewed, we find that any of your claimed dependents are not eligible for services, a retrospective audit will be done to identify any medical charges paid on behalf of such dependents since October 1, 2004. If medical claims were erroneously paid, the State will seek recovery. If you are currently employed by the State, any misrepresentation may be reported back to your agency's management and may subject you to disciplinary action.

If you are currently employed by the State, your Agency Benefits Liaison will be in touch with you should your name be chosen for audit; if you are a retiree, you will be contacted directly. You will be given a reasonable period of time (60 days) to produce evidence of a claimed dependent's eligibility.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Bell".  
William Bell  
Director

# MONTHLY SUMMARY OF INSURANCE RATES 2008 - 2009

## HEALTH INSURANCE

	In-State EPO			In-State PPO			Out-of-State PPO		
Monthly Premiums	Employee	State	Total	Employee	State	Total	Employee	State	Total
Tier 1 - Employee Only	\$30	\$446	\$476	\$145	\$598	\$743	\$30	\$777	\$807
Tier 2 - Employee + One	\$60	\$893	\$953	\$290	\$1,186	\$1,476	\$60	\$1,534	\$1,594
Tier 3 - Family	\$150	\$1,158	\$1,308	\$415	\$1,580	\$1,995	\$150	\$2,020	\$2,170

Plans Available	In-State EPO	In-State PPO	Out-of-State PPO	<b>Benefit Options</b> Choice. Value. Health.
Countries/Area				
Gila, Maricopa, Pima, Pinal, Santa Cruz	RAN+AMN, UHC	Arizona Foundation, UHC		
All Other Counties	RAN+AMN	Arizona Foundation		
Out of State			Beech Street	

EPO / OUT-OF-STATE PPO OPTIONS AVAILABLE AND TAX IMPACT						
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem	* Imputed Income
01	Employee	1	pre	\$30	\$0	N
02	Employee + 1 pre-tax Dependent	2	pre	\$60	\$0	N
03	Employee + pre-tax Dependents	3	pre	\$150	\$0	N
04	Employee + post-tax Domestic Partner	2	both	\$30	\$30	Y
05	Employee + pre-tax Domestic Partner	2	pre	\$60	\$0	N
06	Employee + 1 post-tax Dependent	2	both	\$30	\$30	Y
07	Employee + post-tax Dependents	3	both	\$30	\$120	Y
08	Employee + 1 pre-tax Dependent + post-tax Domestic Partner	3	both	\$60	\$90	Y
09	Employee + pre-tax Dependents + Domestic Partner	3	pre	\$150	\$0	N
10	Employee + post-tax Domestic Partner + post-tax Dependent(s)	3	both	\$30	\$120	Y
11	Employee + 1 pre-tax Dependent + post-tax Dependent(s)	3	both	\$60	\$90	Y
12	Employee + pre-tax Dependents + post-tax Dependent(s)	3	pre	\$150	\$0	N

IN-STATE PPO OPTIONS AVAILABLE AND TAX IMPACT						
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem	* Imputed Income
01	Employee	1	pre	\$145	\$0	N
02	Employee + 1 pre-tax Dependent	2	pre	\$290	\$0	N
03	Employee + pre-tax Dependents	3	pre	\$415	\$0	N
04	Employee + post-tax Domestic Partner	2	both	\$145	\$145	Y
05	Employee + pre-tax Domestic Partner	2	pre	\$290	\$0	N
06	Employee + 1 post-tax Dependent	2	both	\$145	\$145	Y
07	Employee + post-tax Dependents	3	both	\$145	\$270	Y
08	Employee + 1 pre-tax Dependent + post-tax Domestic Partner	3	both	\$290	\$125	Y
09	Employee + pre-tax Dependents + Domestic Partner	3	pre	\$415	\$0	N
10	Employee + post-tax Domestic Partner + post-tax Dependent(s)	3	both	\$145	\$270	Y
11	Employee + 1 pre-tax Dependent + post-tax Dependent(s)	3	both	\$290	\$125	Y
12	Employee + pre-tax Dependents + post-tax Dependent(s)	3	pre	\$415	\$0	N

\* Imputed income is the portion of premiums the State pays for an individual that does not qualify as your tax dependent. Refer to page 13 for additional information.

# MONTHLY SUMMARY OF INSURANCE RATES 2008 - 2009

## DENTAL & VISION RATES

DELTA DENTAL			TDAHP (TOTAL DENTAL)			<b>Benefit Options</b> <b>Choice. Value. Health.</b>
Monthly Premiums	Employee	State	Total	Employee	State	Total
Tier 1 - Employee Only	\$16	\$17	\$33	\$5	\$5	\$10
Tier 2 - Employee + One	\$37	\$37	\$74	\$9	\$10	\$19
Tier 3 - Family	\$63	\$62	\$125	\$14	\$14	\$28

DELTA DENTAL OPTIONS AVAILABLE AND TAX IMPACT						
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem	* Imputed Income
01	Employee	1	pre	\$16	\$0	N
02	Employee + 1 pre-tax Dependent	2	pre	\$37	\$0	N
03	Employee + pre-tax Dependents	3	pre	\$63	\$0	N
04	Employee + post-tax Domestic Partner	2	both	\$16	\$21	Y
05	Employee + pre-tax Domestic Partner	2	pre	\$37	\$0	N
06	Employee + 1 post-tax Dependent	2	both	\$16	\$21	Y
07	Employee + post-tax Dependents	3	both	\$16	\$47	Y
08	Employee + 1 pre-tax Dependent + post-tax Domestic Partner	3	both	\$37	\$26	Y
09	Employee + pre-tax Dependents + Domestic Partner	3	pre	\$63	\$0	N
10	Employee + post-tax Domestic Partner + post-tax Dependent(s)	3	both	\$16	\$47	Y
11	Employee + 1 pre-tax Dependent + post-tax Dependent(s)	3	both	\$37	\$26	Y
12	Employee + pre-tax Dependents + post-tax Dependent(s)	3	pre	\$63	\$0	N

TDAHP (TOTAL DENTAL) OPTIONS AVAILABLE AND TAX IMPACT						
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem	* Imputed Income
01	Employee	1	pre	\$5	\$0	N
02	Employee + 1 pre-tax Dependent	2	pre	\$9	\$0	N
03	Employee + pre-tax Dependents	3	pre	\$14	\$0	N
04	Employee + post-tax Domestic Partner	2	both	\$5	\$4	Y
05	Employee + pre-tax Domestic Partner	2	pre	\$9	\$0	N
06	Employee + 1 post-tax Dependent	2	both	\$5	\$4	Y
07	Employee + post-tax Dependents	3	both	\$5	\$9	Y
08	Employee + 1 pre-tax Dependent + post-tax Domestic Partner	3	both	\$9	\$5	Y
09	Employee + pre-tax Dependents + Domestic Partner	3	pre	\$14	\$0	N
10	Employee + post-tax Domestic Partner + post-tax Dependent(s)	3	both	\$5	\$9	Y
11	Employee + 1 pre-tax Dependent + post-tax Dependent(s)	3	both	\$9	\$5	Y
12	Employee + pre-tax Dependents + post-tax Dependent(s)	3	pre	\$14	\$0	N

AVESIS VISION OPTIONS AVAILABLE AND TAX IMPACT					
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem
05	Employee	1	pre	\$6.34	\$0
06	Employee + pre-tax Dependent	3	pre	\$17.18	\$0
04	Employee + post-tax Dependent(s)	3	both	\$6.34	\$10.84

\* Imputed income is the portion of premiums the State pays for an individual that does not qualify as your tax dependent. Refer to page 13 for additional information.



# Benefit Options

Choice. Value. Health.

## CONTRIBUTIONS TO ARIZONA BENEFIT OPTIONS 2008-2009

Monthly Premiums for Arizona Benefit Options are detailed below in the rate charts.

MONTHLY PREMIUMS - SUPPLEMENTAL LIFE AND AD&D PLAN		MONTHLY PREMIUMS - DEPENDENT LIFE AND AD&D PLAN	
YOUR AGE	COST PER \$5,000	COVERAGE AMOUNT	YOUR COST
29 AND UNDER	\$0.50	\$2,000.00	\$0.94
30-34	\$0.60	\$4,000.00	\$1.88
35-39	\$0.70	\$6,000.00	\$2.82
40-44	\$1.20	\$12,000.00	\$5.64
45-49	\$1.60	\$15,000.00	\$7.05
50-54	\$2.60	<b>MONTHLY PREMIUMS - SHORT TERM DISABILITY PLAN</b> <b>YOUR COST - MONTHLY</b> \$0.87 per \$100 of your monthly base salary Monthly premium = (Monthly base salary/100) x \$0.87 Example: Monthly base salary = \$1000; Monthly premium = (\$1,000/100) x \$0.87 = \$8.70/month	
55-59	\$3.70		
60-64	\$6.70		
65-69	\$6.70		
70+	\$10.60		

## NORTHERN ARIZONA UNIVERSITY 2008/2009 BC/BS PREMIUMS

MONTHLY MEDICAL PREMIUMS		SINGLE		EMPLOYEE + ONE			FAMILY		
YOUR COST		State Cost	Total Prem	Your Cost	State Cost	Total Prem	Your Cost	State Cost	Total Prem
NAU ONLY									
BlueCross BlueShield	\$25.00	\$545.12	\$570.12	\$75.00	\$1,065.24	\$1,140.24	\$125.00	\$1,471.34	\$1,596.34

# IMPORTANT INFORMATION

## Enrollment Dates and Times

Open Enrollment will begin Monday, August 11th at 8 a.m. and will end on Monday, September 5th at 5 p.m. (Arizona time). Changes made during Open Enrollment will become effective October 1, 2008.

## Information To Gather Prior To Enrolling

- Your University Identification Number (EIN). Your University ID may be found on your paycheck, or direct deposit pay stub.
- Dependent names and dates of birth. You will need this information to add any eligible dependents to your benefits coverage.
- Beneficiary or Trust information. You will need this information if you wish to make changes to your beneficiary or trust information.

# OPEN ENROLLMENT BENEFIT FAIRS

You are invited to attend any benefit fair(s) that is (are) convenient for you.

**August 19th - ADOA Lobby - 10:00am - 2:00pm - 100 N. 15th Ave., Phoenix, AZ 85007**

**August 20th - (Tempe) Four Points Sheraton - 10:00am - 2:00pm - 1333 S. Rural Rd., Tempe, AZ 85281**

**August 21st - (Tucson) Marriott University Park Hotel - 10:00am - 2:00pm - 880 E. 2nd St., Tucson, AZ 85719**

**August 27th - ADOA Lobby - 10:00am - 2:00pm - 100 N. 15th Ave., Phoenix, AZ 85007**

**August 28th - (Flagstaff) Du Bois Center - 10:00am - 2:00pm - 306 E. Pine Knoll Dr., Flagstaff, AZ 86011**

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division.

If you need this information in an alternate format, please call 602.542.5008, option 2.

# HOW TO ENROLL

## ASU Employees

Please check the Human Resources Benefits website at [www.asu.edu/hr/benefits](http://www.asu.edu/hr/benefits) for a direct link to the Open Enrollment site.

## NAU Employees

To view your current benefits, go to <https://peoplesoft.nau.edu> and log into LOUIE. Under “Benefits Info”, click on **View your Benefits Summary**.

PeopleSoft LOUIE Online Enrollment:

1. Go to <https://peoplesoft.nau.edu>
2. Log into the LOUIE using your ID and password.
3. Under the “Benefits Info” heading, click on the **Enroll in Benefit Plans** link.
4. On the Benefits Enrollment page there will be an **Open Enrollment event** listed. The event status MUST be “open” to make elections. If the event is not listed or the event listed is not “open” please contact the Human Resources Department at 928.523.2223 or send an email to [Hr.Contact@nau.edu](mailto:Hr.Contact@nau.edu). The Human Resources website can be found at [www.hr.nau.edu/ml/](http://www.hr.nau.edu/ml/).

## UA Employees

University of Arizona employees who wish to participate in Open Enrollment will login to Employee Link to complete the enrollment process. Employee Link is a password protected service that allows you to access your personal and employment information at The University of Arizona.

To start the enrollment process:

- Log in to Employee Link (<https://emplink.arizona.edu>) with your UA NetID and password
- Select “Open Enrollment” from the menu on the left
- Enter, confirm and save your elections

If you do not know your UA NetID, please see your payroll representative for assistance. Employee Link can be accessed <https://emplink.arizona.edu>.



# ELIGIBILITY

Active employees regularly scheduled to work 20 hours or more per week for six months or longer (except those listed below as ineligible) and their qualified dependents may participate in the Benefit Options Programs, provided they comply with the contractual requirements of their selected plans.

## *Ineligible Employees*

- A Employees who work fewer than 20 hours per week
- B Employees in seasonal, temporary or emergency positions
- C Patients or inmates employed in State institutions
- D Non-State employee officers and enlisted personnel of the National Guard of Arizona
- E Employees in positions established for rehabilitation purposes
- F Student and work study employees

## *Eligible Dependents*

At Open Enrollment you may add or remove the following dependents to your plans, however, proper documentation may be required.

- A Your legal spouse
- B Your domestic partner subject to the following qualifications:
  - a. Shares the employee's or retiree's permanent residence;
  - b. Has resided with the employee or retiree continuously for at least 12 consecutive months before filing an application for benefits and is expected to continue to reside with the employee or retiree indefinitely as evidenced by an affidavit filed at time of enrollment;
  - c. Has not signed a declaration or affidavit of domestic partnership with any other person and has not had another domestic partner within the 12 months before filing an application for benefits;
  - d. Does not have any other domestic partner or spouse of the same or opposite sex;
  - e. Is not currently legally married to anyone or legally separated from anyone else;
  - f. Is not a blood relative any closer than would prohibit marriage in Arizona;
  - g. Was mentally competent to consent to contract when the domestic partnership began;
  - h. Is not acting under fraud or duress in accepting benefits;
  - i. Is at least 18 years of age; and
  - j. Is financially interdependent with the employee or retiree in at least three of the following ways:
    - i. Having a joint mortgage, joint property tax identification, or joint tenancy on a residential lease;
    - ii. Holding one or more credit or bank accounts jointly, such as a checking account, in both names;
    - iii. Assuming joint liabilities;
    - iv. Having joint ownership of significant property, such as real estate, a vehicle, or a boat;
    - v. Naming the partner as beneficiary on the employee's life insurance, under the employee's will, or employee's retirement annuities and being named by the partner as beneficiary of the partner's life insurance, under the partner's will, or the partner's retirement annuities; and
    - vi. Each agreeing in writing to assume financial responsibility for the welfare of the other, such as durable power of attorney; or
    - vii. Other proof of financial interdependence as approved by the Director.

## ELIGIBILITY- CONTINUED

### C Child defined as;

- a. Natural, adopted and/or stepchild unmarried and under age 19, or under 25 if a full time student at an accredited educational institution.
- b. Minors under the age of 19 for whom the employee-member has court-ordered guardianship
- c. Foster children under the age of 19
- d. Children placed in the employee's home by court order pending adoption
- e. Natural, adopted and/or stepchildren who were disabled prior to age 19

### D Older Child as qualified by;

- a. A dependent younger than 25,
- b. A dependent who is unmarried
- c. A dependent who was covered by a health insurance plan made available by the state during the year that the individual was 18, and
- d. A dependent that resides in Arizona, if the individual is:
  - i. A natural child, adopted child, or stepchild of an employee, officer, retiree, or former elected official;
  - ii. A natural child, adopted child, or stepchild of a domestic partner;
  - iii. A child for whom an employee, officer, retiree, or former elected official received a court-ordered guardianship when the child was 18 years old or younger.

*Please note: If your dependent child is approaching age 19 and is disabled, application for such continuation of dependent status must be made within 31 days of the child's 19th birthday. You will need to provide verification that your dependent child has a qualifying permanent disability, in accordance with Social Security Administration guidelines, that occurred prior to his or her 19th birthday.*

### **Dependent Documentation Requirements**

If you are enrolling a spouse or dependent whose last name is different from your own, the dependent's coverage will not be processed until supporting documentation such as a marriage license for a spouse or a birth certificate or court order for dependents, is provided to the Human Resources Office. If your dependent is a full-time student over the age of 18, your insurance carrier will request a copy of the dependent's class schedule.

### ***Qualified Medical Child Support Order (QMCSO)***

You may not terminate coverage for a dependent covered by a QMCSO.

### ***If You and Your Spouse or Domestic Partner are both State Employees***

If both you and your spouse or domestic partner are benefits-eligible State of Arizona or university employees, you cannot carry coverage under your name with the State and also be covered under your spouse or domestic partner through the State. Under no circumstances may an employee elect dual coverage.

### ***Tax Treatment of Health Coverage Provided to Older Children, Domestic Partners & Domestic Partner's Children***

Medical and dental benefits are available for domestic partners, a domestic partner's child and an older child of an eligible employee.

Under federal tax law, the portion of the premiums the State pays for the coverage of an individual who does not qualify as your tax dependent, as defined below, will be included in your gross income, subject to federal income tax withholding and employment taxes (FICA and Medicare) and will be reported on your Form W-2. Since the amount included in your gross income is not a cash payment to you, it is considered "imputed income" and will show on your pay stub as an addition to your income for tax purposes only. Additionally, the portion of the premium you pay that is related to the coverage of such an individual who is not a tax dependent will be taken as a post-tax deduction rather than a pre-tax deduction.

If your older child, domestic partner or domestic partner's child is your tax dependent, then no portion of the premiums paid by the State will be subject to federal withholding and employment taxes. These individuals may qualify as your tax dependent under Internal Revenue Code Section 152 (as modified by Code Section 105(b) and by IRS Notice 200479) for health coverage purposes only if the following conditions are met: the individual lives with you as a member of your household for the entire calendar year, (this requirement applies only to a domestic partner or a domestic partner's child), during the calendar year you provide more than half of the individual's total support, the individual is not your (or anyone else's) "qualifying child" under Code Section 152(c), and the individual is a U.S. citizen, a U.S. Resident Alien, a U.S. national, or a resident of the U.S. Canada, or Mexico. The individual could be your tax dependent even if you do not claim an exemption for him or her on your Form 1040.\*

If the individual qualifies as your tax dependent, imputed income will not apply and, therefore, no taxes from imputed income will be deducted. Additionally, the portion of the premium you pay to cover the individual will be on a pre-tax basis. In order to treat an individual as a tax dependent, you must complete a *Declaration of Tax Status* form. The determination of whether the individual is a dependent for tax purposes is solely within your knowledge and must be determined by you. The State cannot make this determination for you. If the State does not receive a properly completed Declaration of Tax Status form from you, we will assume that your older child, domestic partner or domestic partner's child does not qualify as your tax dependent.

\*For more information, consult a tax professional. Benefit Options staff cannot give out tax advice.



## OTHER IMPORTANT INFORMATION

### *ID Cards*

Typically, ID cards will arrive seven to fourteen business days after your benefits become effective on October 1, 2008. ID cards will be sent separately and are sent directly from the vendor to your home address.

- If you enroll or change Medical plans, new cards will be issued.
- If you enroll or change Dental Plans, new ID cards will be issued.
- If you are newly enrolled in Vision coverage, new ID cards will be issued.
- Contact the vendor directly if you do not receive your cards or if you need additional or replacement cards.
- UnitedHealthcare and Avesis allow members to print temporary ID cards from their website.

### *Transition of Care Information*

If you are a new employee and/or changing from Arizona Foundation, Beech Street, RAN+AMN, or UnitedHealthcare (or from UnitedHealthcare), you may continue an active course of treatment with your health care provider and receive in-network benefits during the pre-approved transition period, if one of the following applies:

1. You have a life threatening disease or condition;
2. If you have been receiving care, and a continued course of covered treatment is Medically Necessary, you may be eligible to receive “transitional care” from the non-Participating Provider;
3. You have entered the third trimester of pregnancy on the effective date of enrollment; or
4. If you are in your second trimester of pregnancy and your doctor agrees to accept our reimbursement rate and to abide by the Plan’s policies and procedures and quality assurance requirements.

There may be additional circumstances where continued care by a provider no longer participating in the network will not be available, such as when the provider loses his license to practice or retires.

You may obtain a copy of the Transition of Care form at [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov).

#### Plan Contact Information:

AFMC RAN+AMN Beech Street:  
Strategic Health Development Corporation  
Transition of Care  
9501 N.E. 2nd Avenue  
Miami Shores, Florida 33138  
Fax: (305) 756 - 1035

UnitedHealthcare  
Transition of Care  
PO Box 30555  
Salt Lake City, UT 84130-0555  
Fax: (801) 567 - 5499

# MEDICAL PLAN INFORMATION

## **What plans are available for me to choose from?**

There are two types of medical plans offered for active employees. They are the Exclusive Provider Organization (EPO) and the Preferred Provider Organization (PPO).

If you choose an EPO you must obtain services from a contracted provider in your network and your cost is a minimal co-pay. The EPO plans are:

- RAN+AMN
- UnitedHealthcare

If you choose a PPO, it allows in-network and out-of-network treatment. If you obtain treatment out-of-network, you will need to meet a plan year deductible and pay a percentage of all covered services. The PPO plans are:

- Arizona Foundation
- UnitedHealthcare
- Beech Street (Out of State)
- Blue Cross Blue Shield (NAU Only)

## **What is the cost of medical coverage?**

Please refer to your rate chart for information regarding monthly premiums.

## **How do I find in-network (contracted) providers with my medical plan?**

You can perform a provider search on the plan's website, or you may call the plan's customer service line.

## **When does my coverage become effective?**

Changes made during Open Enrollment 2008 will become effective October 1, 2008.

## **When will I receive my ID cards?**

ID cards typically arrive 7-14 business days after your benefits become effective.

# MEDICAL PLANS COMPARISON CHART

	EPOs	PPOs	
These plans are available to employees statewide	RAN+AMN EPO	Arizona Foundation Medical Care PPO	
In addition to the plans above, the following plans are offered to employees in Maricopa, Gila, Pinal, Pima, and Santa Cruz counties	UnitedHealthcare EPO	UnitedHealthcare PPO	
This plan is available to employees living out of state.		Beech Street PPO	
DEDUCTIBLE/MAXIMUMS	In-Network Co-Pay	In-Network Co-Pay	Out-of-Network Out-of-Pocket
PCP REQUIRED FOR EACH MEMBER?	NO	NO	NO
PCP REFERRAL REQUIRED TO SEE A SPECIALIST?	NO	NO	NO
PLAN YEAR DEDUCTIBLES INDIVIDUAL	\$0	\$0	\$300
EMPLOYEE + ONE / FAMILY	\$0	\$0	\$600
OUT-OF-POCKET MAXIMUMS INDIVIDUAL	\$0	\$1,000	\$3,000
EMPLOYEE + ONE / FAMILY	\$0	\$2,000	\$6,000
LIFETIME MAXIMUMS	\$0	\$0	\$2,000,000
PHYSICIAN SERVICES Office Visits/consultations	\$10 Max of 1 co-pay/day/provider	\$10 Max of 1 co-pay/day/provider	30%* After Deductible
SPECIALIST VISITS	\$20	\$20	30%* After Deductible
PREVENTATIVE CARE Well Baby, Child and Adult Physical Exams, Annual Well-Women Exams (GYN visit & PAP smear test) Annual Well-Man Exams (Office Visit & PSA blood test), Adult Immunizations (e.g., pneumonia, flu)	\$10	\$10	30%* After Deductible
MAMMOGRAPHY SCREENING (Coverage based on patient age or threat)	\$0	\$0	30%* After Deductible
OUTPATIENT SERVICES Freestanding ambulatory facility or hospital outpatient surgical center	\$0	\$0	30%* After Deductible
HOSPITALIZATION SERVICES Room & Board (private room when medically necessary)	\$0	\$0	30%* After Deductible
Intensive Care	\$0	\$0	30%* After Deductible
Surgeons and Assistants, Anesthesiologists, Pathologists, Radiologists	\$0	\$0	30%* After Deductible
EMERGENCY CARE Urgent Center Care	\$20	\$20	30%* After Deductible
Emergency room	\$125, waived if admitted	\$125, waived if admitted	\$125, waived if admitted
Ambulance (for medical emergency or required interfacility transport)	\$0	\$0	Emergency paid at in-network benefit rate
CHIROPRACTIC	\$10	\$10	30%* After Deductible
PRE-EXISTING CONDITIONS	COVERED	COVERED	COVERED
DURABLE MEDICAL EQUIPMENT	\$0	\$0	30%* After Deductible
BEHAVIORAL HEALTH			
Outpatient	\$10	\$10	\$10
Inpatient	\$0	\$0	30%* After Deductible

\*Percentages paid based on Reasonable and Customary Charges.

For the NAU only BCBS PPO plan details, go to <http://hr.nau.edu/m> and choose Benefits, Health, BCBS Plan Book.

This is a Summary only; please see Plan Descriptions for detailed provisions.

# PHARMACY BENEFIT INFORMATION

## **If I change my medical plan, will my pharmacy benefit change? Or, is there a separate enrollment process for the pharmacy benefit?**

If you elect any Benefit Options medical plan, Walgreens Health Initiatives (WHI) will be the network you use for pharmacy benefits. Enrollment is automatic when you enroll in a medical plan, and there is no separate cost.

## **How does the plan work?**

The WHI network consists of more than 62,000 participating chain and independent pharmacies nationwide, with 1,000 member pharmacies in Arizona. All prescriptions must be filled at a network pharmacy or through the mail order service. The cost of prescriptions filled out-of-network will not be reimbursed. To find a pharmacy near your home, work address, out-of-town vacation address, or your dependent student's out-of-state address, refer to [www.mywhi.com](http://www.mywhi.com).

Multilingual customer service representatives are available 24 hours a day, 7 days a week at 1.866.722.2141 to assist you.

The WHI plan has a three-tier formulary; the cost for up to a 30-day supply of medication bought at a retail pharmacy is \$10 for a generic drug, \$20 for a preferred (formulary) drug, and \$40 for a non-preferred (non-formulary) drug. You can find information on WHI's formulary and look up the cost for specific drugs at [www.mywhi.com](http://www.mywhi.com).

The Walgreens Health Initiatives Preferred Medication List (PML), also known as a formulary, is a list of medications that will allow you to maximize the value of your prescription benefit. These generic and brand name medications, chosen by a committee of doctors and pharmacists, are available at a lower cost than their more expensive brand-name counterparts. The PML is updated quarterly and as needed throughout the year to add significant new medications as these become available.

Medications that no longer offer the best therapeutic value for the plan are deleted from the PML once a year, and a letter is sent to any member affected by the change. To see what medications are on the PML, log on to [www.mywhi.com](http://www.mywhi.com) or contact the WHI Customer Care Center to have a copy sent to you. Sharing this information with your doctor helps ensure you are getting the medications you need which saves money for you and your plan.

## **What is the "mail order service" and how do I take advantage of it?**

A convenient and less expensive mail order service is available for employees who require medications for on-going health conditions, or who will be in an area with no participating retail pharmacy for an extended period of time. Here are a few guidelines and benefits when using the mail order service:

- You must submit a written 90-day prescription from your physician for any new mail order drug.
- You may request up to a 90-day supply of medication for two co-pays.
- You may fill a 12 month supply of medication with prior authorization.
- You may pay by check or charge your co-pay to a Visa, MasterCard, American Express,

or Discover account.

- You may register your email address to receive information on your orders.
- You can order refills online at [www.mywhi.com](http://www.mywhi.com) or via phone at 1.866.722.2125.
- One-on-one consultations with a licensed pharmacist are also available at this number.

### **Clinical Prior Authorization**

Prescriptions for certain medications or circumstances require clinical approval before they can be filled, even with a valid prescription. Prescriptions may be limited to quantity, frequency, dosage, or may have age restrictions. The authorization process may be initiated by you, your local pharmacy, or your physician by calling WHI at 1.877.665.6609, Monday through Friday, 8:00 a.m. to 8:00 p.m.

### **Specialty Pharmacy Program**

Certain medications used for treating chronic or complex health conditions are handled through the Walgreens Specialty Pharmacy. This program assists you with monitoring your medication needs for certain conditions and by providing patient education. The Specialty Pharmacy Program includes monitoring of specific injectable drugs and other therapies requiring complex administration methods, special storage, handling, and delivery. Specialty medications are limited to a 30-day supply and may be obtained only at a Walgreens retail pharmacy or via the mail order service. Call Walgreens Specialty Pharmacy at 1.888.782.8443 for further information on this program.

A Specialty Care Representative may contact you to facilitate your enrollment in the WHI Specialty Pharmacy Program. Trained Specialty Care pharmacy staff are available 24 hours a day, 7 days a week, to assist you. You may also enroll directly into the program by calling 1.888.782.8443.

### **Non-Covered Drugs**

Certain medications are not covered as part of the Benefit Options plan. If you find such a drug has been prescribed for you, discuss an alternative treatment with your doctor.

### **NAU Only BlueCross BlueShield Pharmacy Plan**

There is no need to elect or enroll in this plan; it is part of your Medical Plan coverage. Prescription drug benefits are available at four cost-sharing levels. The amount you pay depends on the specific drug dispensed by the pharmacy. The pharmacy will charge you a generic (\$7), preferred brand (\$20), non-preferred brand A (\$40) or non-preferred brand B (\$80) co-payment. Drugs may change cost-sharing levels without notice. The BCBSAZ Prescription Medication Guide can be used to determine your co-payment and can be found on the BCBS website at [www.bcbsaz.com/pharmacy](http://www.bcbsaz.com/pharmacy) or call 1.800.345.1985.

A mail order benefit is available through Walgreen's mail order service. You may receive up to a 90-day supply of maintenance prescription for one co-payment. The co-payment for a 90-day mail order supply is the same as the co-payment for a 30-day supply through a pharmacy.

More complete information on your prescription drug benefit can be found in the BCBS benefit plan booklet at [www.hr.nau.edu](http://www.hr.nau.edu). Go to Benefits, Health, BCBS Plan Book.



# DENTAL PLAN INFORMATION

Following is a brief description of the dental plans available through Benefit Options. For a complete listing of covered services for each plan, please refer to the plan description located on the website, [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov).

## **What plans are available for me to choose from?**

Employees may choose between two plan types. They are the Prepaid and the Preferred Provider Organization (PPO) plans.

### **Prepaid Plans**

- You must see a Participating Dental Provider (PDP) to provide and coordinate all of your dental care.
- No annual deductible or maximums.
- No claim forms.
- No waiting periods.
- Pre-existing conditions are covered.
- Set co-payments for services provided by your general dentist and specialist.

#### *Total Dental Administrators Health Plan, Inc. (TDAHP)*

Each family member may choose a different general dentist. You can change your dentist by contacting TDAHP by telephone or using the "change my dentist" function on the website [www.totaldentaladmin.com](http://www.totaldentaladmin.com).

Fixed prosthodontic procedures (crowns and bridges) and removable prosthodontic procedures (full and partial dentures) have set lab fees.

Members may self-refer to Dental Specialists within the network. Specialty care (root canals, periodontics, oral surgery, and orthodontics) is provided at the copayment listed in the Plan Booklet. Specialty services not listed are provided at a discounted rate. This discount also includes pedodontic and TMJ care.

### **Indemnity/PPO Plans**

- You may see ANY licensed dentist anywhere in the world.
- Deductible and/or out-of-pocket payments apply.
- You have a maximum benefit of \$2,000 per person per plan year for dental services.
- There is a maximum lifetime benefit of \$1,500 per person for orthodontia.
- You may need to submit a claim form for eligible expenses to be paid.
- Benefits may be based on reasonable and customary charges.

#### *Delta Dental*

Over 80 percent of Arizona's licensed dentists participate in the Delta Dental Plan and agree to accept Delta's allowable fee as payment in full after any deductibles and/or co-payments are met. Amounts billed by network providers in excess of the allowable fee will not be billed to the patient. If you choose to see a non-participating dentist, Delta will still provide benefits, although typically at reduced levels.

# DENTAL PLANS COMPARISON CHART

	<b>TDAHP Total Dental Administrators</b>	<b>Delta Dental</b>
<b>PLAN TYPE</b>	Prepaid	Indemnity/PPO
<b>DEDUCTIBLES</b>	None	\$50/\$150
<b>PREVENTIVE CARE</b>	Co-Pay	Co-Insurance
Office Visit	\$0	\$0 Deductible Waived*
Oral Exam	\$0	\$0 Deductible Waived
Prophylaxis/Cleaning	\$0	\$0 Deductible Waived
Fluoride Treatment (to age 19)	\$0	\$0 Deductible Waived
X-Rays	\$0	\$0 Deductible Waived
<b>BASIC RESTORATIVE</b>		
Office Visit	\$0	0
Sealants	\$10/tooth	20%
Fillings	Amalgam: \$10 - \$37 Resin: \$26 - \$76	20%
Extractions	Simple: \$30 Surgical: \$60	20%
Periodontal Gingivectomy	\$225	20%
Oral Surgery	\$30 - \$145	20%
<b>MAJOR RESTORATIVE</b>		
Office Visit	\$0	0
Crowns	\$270 + \$185 Lab Fee (\$455)	50%
Dentures	\$300 + \$275 Lab Fee (\$575)	50%
Fixed Bridgework	\$270+\$185 Lab Fee (\$455), per unit	50%
Crown/Bridge Repair	\$75	50%
Inlays	\$250 - \$327	50%
<b>ORTHODONTIA</b>		
Child	\$2,800 - \$3,400	50%
Adult	\$3,200 - \$3,700	50%
<b>TMJ Services</b>		
Exam, services, etc.	20% Discount	No coverage
<b>MAXIMUM BENEFITS</b>		
Annual combined preventive, basic, and major services	No dollar limit	\$2,000/person
Orthodontia Lifetime	No dollar limit	\$1,500/person

*\*Office visit and exams of any type are covered only two times a year at 100%.  
This is a Summary only; please see Plan Descriptions for detailed provisions.*

# VISION PLAN INFORMATION

Coverage for vision examinations and corrective eyewear is available through Avesis, Incorporated. Employees are responsible for the full premium cost of this voluntary plan for themselves and their dependents.

You may receive services from either a participating or a non-participating provider *once per plan year*. Exceptions are the LASIK benefit which is available one time only and only with a participating LASIK center, and additional eyewear benefit which you may use as many times as you wish with a discount within a participating provider's office.

## Participating Provider

To find a participating provider, either go online to [www.avesis.com](http://www.avesis.com) or call Avesis customer service at 1.800.828.9341. Then call the provider and identify yourself as an Avesis member employed by the State of Arizona and schedule your appointment. You can choose to receive your services from a participating optometrist, ophthalmologist or selected retail chain store.

Participating Provider Fee Schedule	Co-pay	Allowance Given to Employee
1) Vision examination and <b>one</b> of the following:	\$10	
a) Single, bifocal, trifocal, or lenticular lenses and frame		\$100 - \$150 allowance
b) Contact Lens*		\$130 allowance
c) LASIK Surgery		\$150 allowance
2) Options (E.g. Progressive lens, tinting, coatings, transitional lens)		20% discount from provider's fee

\* Contact lenses would be covered in full if considered medically necessary.

## Non-participating Provider

If services are received from a non-participating provider, you will pay the provider at the time of service and submit a claim to Avesis for reimbursement. The claim must be filed within three months from the date of service and include your name, member ID number and mailing address, the patient's name and date of birth, the group name and number, and an itemized statement of services. An out-of-network reimbursement form is available by visiting the Avesis website at [www.avesis.com](http://www.avesis.com).

Non-Participating Provider Fee Schedule / Amount Employee is Reimbursed			
Vision Examination	Up to \$50	Frames	Up to \$50
Single Vision Lenses	Up to \$30	Options (e.g. tinting, coatings)	\$0
Bifocal Lenses	Up to \$45	Contact Lens Benefit*	see below
Trifocal Lenses	Up to \$55	Elective	\$150
Lenticular Lenses	Up to \$110	Medically Necessary	\$300
Progressive Lenses	Up to \$45	LASIK Surgery	\$0

\*Member may choose to receive one of the following within their plan period: 1) spectacle lenses and a frame, OR the contact lens benefit. The Contact Lens Benefit takes the place of the exam, lenses and frame within that plan period.

This is a brief description of your voluntary vision care plan available through Benefit Options. For a complete listing of covered services for this plan, please refer to the plan description located on the website, [www.Benefitoptions.az.gov](http://www.Benefitoptions.az.gov) or contact Avesis directly at 1.800.828.9341.

### NAU Only

The BCBS plan contains a vision benefit. For more information, please go to <http://hr.nau.edu>, click on Benefits, Health, BCBS Plan Book. You may also contact your NAU Human Resources department.

# ARIZONA, NATIONAL, AND INTERNATIONAL COVERAGE (Medical, Dental, and Vision)

	Within Arizona	Within United States	International
<b>MEDICAL CARE</b>			
<b>EPO Plans</b>			
RAN+AMN	Covered in-network	Covered using Beech Street Provider	Emergency and Urgent Only
UnitedHealthcare	Covered in-network	Covered using UHC EPO Provider Network	Emergency and Urgent Only
<b>PPO Plans</b>			
Arizona Foundation	Covered in/out-network	Covered using AZF PPO in/out-network or Beech Street Provider	Emergency and Urgent Only
Beech Street	Covered in/out-network	Covered in/out-network	Emergency and Urgent Only
UnitedHealthcare	Covered in/out-network	Covered using the UHC PPO in/out provider network	Emergency and Urgent Only
<b>NAU Only</b>			
Blue Cross Blue Shield PPO		Outside AZ: Covered as in-network only if you receive covered services from a provider who participates as a PPO provider with the local BCBS plan. For assistance in locating a local BCBS network provider in another state, call 1.800.810.2583.	For assistance with locating a provider and submitting claims, call 1.800.810.2583 or 1.804.673.1686. For an international claim form, go to <a href="http://www.bcbs.com/bluecardworldwide/index.html">www.bcbs.com/bluecardworldwide/index.html</a>
<b>PHARMACY</b>			
Walgreens Health Initiatives	Covered in-network	Covered in-network	Not Covered
<b>DENTAL CARE</b>			
<b>Prepaid Plans</b>			
Total Dental Administrators Health Plan, Inc.	Covered in-network	Emergency Only	Emergency Only
<b>PPO Plans</b>			
Delta Dental	Covered in/out-network	Benefits are covered as in-network through participating providers and non-network under non-participating provider benefits.	Coverage is available under non-participating provider benefits.
<b>VISION CARE</b>			
Avesis	Covered in-network	Covered using in-network providers. You may call 1.800.828.9341 to locate a vision provider in the area in which you are traveling.	Covered as out-of-network and will be reimbursed based on the Avesis reimbursement schedule

**Note: Treatment will be subject to the Plan Description**

# EMPLOYEE WELLNESS

The benefits packages offered by all three state universities provide for the fact that you don't check your life at the door when you come to work. Family illnesses, finding care for an aging parent and relationship conflict are examples of how life can occasionally get out of balance with work.

Employee Assistance programs that are confidential and free are available to help employees sort things out, make changes and get referrals as needed. Worksite wellness programs can help employees reduce their risks for health problems and enhance their well-being. Governor Janet Napolitano has made employee wellness a priority for the State of Arizona.

**At Arizona State University,** Health Watch, the ASU Employee Wellness Program is designed to identify and deliver high quality, practical health education programs and screening services to promote and support ASU employees in establishing and maintaining healthy lifestyles. Screening services include cholesterol, diabetes, osteoporosis, skin cancer, thyroid, PSA, and mammography. All screenings include professional consultation and referrals if needed. Classes focus on nutrition, stress management, exercise and a variety of general health education topics. Additional activities include a flu prevention program, weight management program, and smoking cessation program.

The Work/Life Program at ASU is designed to be a strong, supportive culture for employees that is dynamic, flexible and respectful of the whole person. A sense of well-being crosses four domains of employees' lives: physical, mental, spiritual and emotional. When work/life programs can affect several or all of these in a positive manner, they contribute to healthier more productive employees. Program services include credit counseling/money management assistance, housing assistance, pre-paid legal services, and lawyer referral services. Discount coupons and tickets are available for over 50 attractions in Arizona, California, Florida, Texas, Colorado, Pennsylvania, and Virginia. In addition, over 150 businesses representing a wide range of goods and services extend ASU employees discounts.

**At The University of Arizona,** Life & Work Connections is a unique program that integrates Employee Assistance and Worksite Wellness together with Child Care and Family Resources, Elder Care and Life-Cycle Resources, and Work/Life Support. A variety of activities and educational presentations have been developed from a "whole-person, life-cycle" point of view to help employees make small lifestyle changes that increase resiliency and overall health and well-being.

Wellness screenings feature in-depth heart health risk assessment, diabetes, osteoporosis and skin cancer screenings all of which include on-site master's and Ph.D. level consultation and, if needed, referrals. A flu prevention program, weight management, nutrition and fitness consultations, a walking program, and smoking cessation program referrals are included also.



Department specific requests for a range of educational presentations on topics that cover health, family, professional and personal development can also be arranged.

Our services can be viewed at [www.lifework.arizona.edu](http://www.lifework.arizona.edu) and are offered not only to help you cope with emergencies, but also to help you plan for balance in your life and work.

### **At Northern Arizona University**

The mission of the Employee Assistance & Wellness Office (EAW) is to provide opportunities for enhancing individual and organizational well-being to university faculty and staff.

With today's complex lifestyles we all experience difficult times. The EAW office assists employees and their families with personal and professional issues, and helps to enhance overall health and wellness.

A variety of wellness programs and workshops are offered each semester for NAU faculty and staff. Programs may also be coordinated on request from departments and groups.

The following clinical services are provided by EAW:

- Short-term Counseling
- Critical Incident Response
- Information and Referral
- Consultation
- Conflict Management

### **Who may use Employee Assistance & Wellness (EAW)?**

Counseling services may be used by all benefit-eligible employees and their covered family members. All other services (e.g., wellness programs) may be used by all employees and their family members unless otherwise noted.

You can obtain more information about EAW by accessing their website at [www4.nau.edu/eaw/](http://www4.nau.edu/eaw/).

The EAW office is located at 415 South Beaver Street, Flagstaff, AZ 86001. You can contact them by phone at 1.928.523.1552 or by email at [Ask-EAW@nau.edu](mailto:Ask-EAW@nau.edu).

# LIFE INSURANCE BENEFITS

## STANDARD LIFE INSURANCE

### *Basic Life Insurance and AD&D*

You are automatically covered for \$15,000 of basic life insurance provided by Standard Insurance at no cost to you. An additional \$15,000 for Accidental Death and Dismemberment (AD&D) insurance and a \$15,000 Seat Belt Benefit may also be payable if you die in an automobile accident and are wearing a seat belt. You are automatically covered in these three programs.

### *Supplemental Life Insurance and AD&D*

Supplemental life insurance coverage is available to employees who would like additional life insurance beyond what the State provides. The maximum amount of supplemental life insurance that you can elect through the State's group plan is three times your annual base salary, or \$300,000, whichever is less. Your employee supplemental AD&D coverage is the same as the supplemental life amount that you elect.

When electing or changing supplemental life after the initial offering, you may increase or decrease your supplemental life coverage. You may increase in multiples of \$5,000 up to a maximum \$20,000 per year. You may also decrease your coverage in multiples of \$5,000 or cancel your coverage. Supplemental life coverage above \$35,000 is paid on an after-tax basis, and may be cancelled at any time.

In the event of your death, employee life and AD&D benefits are paid to your designated beneficiary. It is important to keep your beneficiary information current. You may change your beneficiary using the web enrollment system during Open Enrollment. Remember: Adding a beneficiary does not automatically delete a previously designated beneficiary. If you wish to change a previously-designated beneficiary, you must actively do so while enrolling via the website.

### *Dependent Life Insurance*

You may purchase life insurance coverage for your spouse and/or dependents in the amount of \$2,000, \$4,000, \$6,000, \$12,000, or \$15,000. You do not have to elect any Standard Supplemental coverage for yourself in order to choose this dependent plan. Each person will be covered for the amount you choose for a small monthly premium. In the event of a claim, you are automatically the beneficiary.

## **AETNA SUPPLEMENTAL LIFE INSURANCE**

### ***Arizona State University and Arizona Board of Regents***

Aetna coverage is available in increments of one, two, or three times your annual salary (then rounded to up to the next \$1,000) or \$100,000 whichever is less. \$5,000 coverage for your spouse and \$2,500 for each dependent to age 23 is automatically included in this plan. Coverage levels automatically adjust for changes in your age and salary.

During this Open Enrollment you may choose any level of coverage you wish. If you do not currently have an Aetna plan, any level of coverage you chose will require that you complete an Evidence of Insurability Form and your application will be subject to medical underwriting. If you do have an Aetna plan now, you may increase your coverage one level without any underwriting, or more than one level with underwriting.

If underwriting is necessary, you will be sent the Evidence of Insurability Form by the Benefits Office during October. You must complete the form and submit it directly to Aetna; they will notify you and copy ASU with their decision. You will not be charged a premium for your election until the Benefits Office has been notified of your approval.

### ***The University of Arizona***

You pay all premiums for the Aetna life insurance coverage amount that you elect. You may apply for coverage in increments of one, two, or three times your annualized salary rounded up to the nearest \$1,000. The maximum you may apply for is three times your annualized salary or \$300,000, whichever is less. Dependent life insurance coverage for your spouse in the amount of \$5,000 and for your children in the amount of \$5,000 is also available when supplemental coverage is elected. An Accidental Death and Personal Loss double indemnity benefit is provided with employee supplemental life coverage. During your initial new hire/eligibility enrollment or a Qualified Life Event change, you may elect up to the maximum coverage available to you. Thereafter, changes in coverage are restricted to one option level increase at Open Enrollment. Coverage levels automatically adjust for changes in your age and salary.

### ***Northern Arizona University***

You pay all premiums for the Aetna life insurance coverage amount that you elect. You may apply for coverage in increments of one, two or three times your annual salary rounded up to the nearest \$1,000. The maximum you may elect is three times your annual salary or \$150,000, whichever is less. At Open Enrollment, changes and coverage are restricted to one option level increase. Coverage levels automatically adjust for changes to your age and salary. Dependent life insurance coverage is also available when supplemental coverage is elected.

# SUPPLEMENTAL LIFE INSURANCE COMPARISON

AGE	STANDARD (per \$1,000 coverage)	AETNA ABOR & ASU (per \$1,000 coverage)*	AETNA NAU (per \$1,000 coverage)*	AETNA UA (per \$1,000 coverage)*
18-24	\$0.10	\$0.13	\$0.04	\$0.04
25-29	\$0.10	\$0.15	\$0.05	\$0.06
30-34	\$0.12	\$0.16	\$0.07	\$0.06
35-39	\$0.14	\$0.20	\$0.08	\$0.08
40-44	\$0.24	\$0.23	\$0.09	\$0.12
45-49	\$0.32	\$0.29	\$0.13	\$0.16
50-54	\$0.52	\$0.37	\$0.20	\$0.24
55-59	\$0.74	\$0.48	\$0.30	\$0.42
60-64	\$1.34	\$0.63	\$0.45	\$0.70
65-69	\$1.34	\$0.92	\$0.60	\$1.13
Age 70+	\$2.12	Contact your benefit office for premium rate.		
Election Options	Elect in \$5,000 increments. Increases may not exceed \$20,000 per plan year after initial new hire enrollment.	Option A 1x annual salary;  Option B 2x annual salary;  Option C 3x annual salary.  Increases may not exceed one step per plan year after initial new hire enrollment.	Option A 1x annual salary;  Option B 2x annual salary;  Option C 3x annual salary.  Increases may not exceed one step per plan year after initial new hire enrollment, or unless you experience a Qualified Life Event.	Option 1 1x annual salary;  Option 2 2x annual salary;  Option 3 3x annual salary  Increases may not exceed one step per plan year after initial new hire enrollment, or unless you experience a Qualified Life Event.
Minimum Coverage	\$5,000	1x annual salary rounded up to nearest \$1,000	1x annual salary rounded up to nearest \$1,000	1x annual salary rounded up to nearest \$1,000
Maximum Coverage	\$300,000 or 3 x annual salary, whichever is less	\$100,000 or 3x annual salary, whichever is less	\$150,000 or 3x annual salary, whichever is less	\$300,000 or 3 x annual salary, whichever is less
Spouse & Dependent Coverage	Mo. Cost \$ 2,000 \$0.94 \$ 4,000 \$1.88 \$ 6,000 \$2.82 \$12,000 \$5.64 \$15,000 \$7.06	Included: \$5,000 spouse \$2,500 each child	\$10,000 spouse \$5,000 each child;	\$5,000 spouse \$5,000 each child Monthly Cost \$0.66
Portability/ Conversion Options	• Conversion Option	Refer to Summary of Coverage	Refer to Summary of Coverage	• Portability and Conversion Option • Retiree Continuation Option
Other Features	• Accidental Death & Personal Loss Double Indemnity • Seatbelt Incentive • Non Smoker	• Accidental Death & Personal Loss Double Indemnity	• Accidental Death & Personal Loss Double Indemnity • Waiver of Premium • Benefit for Total Disability	• Accidental Death & Personal Loss Double Indemnity

\*Coverage levels automatically adjust for changes in salary.

# SHORT TERM DISABILITY (STD) INSURANCE

STD coverage provides replacement income for up to six months if you should become disabled due to a non-work related accident or illness or due to pregnancy. Coverage is available from two companies; you may select one plan and you pay the entire premium on an after-tax basis.

## *Standard Insurance Company*

The Standard STD benefit is up to 66.66% of your base pay with a maximum weekly benefit of \$769.27. There are no pre-existing condition limitations, but you must meet the actively-at-work provision at the time of enrollment.

If you elect Standard STD for the first time during this Open Enrollment, there is no waiting period for an accident related disability, but there is a 60-day waiting period for benefits to begin for either an illness or pregnancy related disability. However, if you were covered by another STD plan for the 12 months prior to October 1, 2008, the 60-day waiting period is reduced to 30 days.

## *UnumProvident*

The UnumProvident plan has a waiting period of 30 days for a disability caused by accident, illness, or pregnancy, unless you are hospitalized as an inpatient for at least 24 hours and then you are paid from the first day of disability. Included in this plan is \$30,000 Accidental Death and Dismemberment coverage.

If you choose UnumProvident STD for the first time during this Open Enrollment, you must meet the actively-at-work provision and there is a six-month pre-existing limitation clause that must be met before a benefit is paid.

You may choose any one of the three benefit options available, however the maximum weekly benefit this plan pays will always be the lesser of:

- 70% of your weekly base pay
- \$ 750 if you elect Option A
- \$1,500 if you elect Option B
- \$2,000 if you elect Option C

If you currently have UnumProvident coverage and increase to a higher Option, there is a six-month waiting period for the difference in benefit.

Example:

- Your salary is \$200,000 and you have Option A. If you became disabled, your benefit would be the lesser of 70% of your weekly salary (\$2,692) or the weekly maximum of Option A (\$750). You would be paid \$750.
- At Open Enrollment, you change to Option C.
- Then, if you became disabled, you would be paid either 70% of your weekly salary (\$2,692) or the weekly maximum of Option C, \$2,000. You would be paid \$2,000.
- Therefore, the difference in benefit is \$1,250 (\$2,000 - \$750). It is this difference that you would not be eligible for in the six months after 10-01-2008.

# SHORT TERM DISABILITY INSURANCE COMPARISON

UnumProvident	Standard Insurance
<ul style="list-style-type: none"> <li>• For non-work related accident or illness</li> <li>• Monthly cost: \$0.84 per \$100 of salary</li> <li>• After-tax deduction</li> <li>• Benefits are tax-free</li> <li>• Maximum Payment: 26 weeks</li> <li>• Includes \$30,000 Accidental Death &amp; Dismemberment Coverage</li> <li>• Pays weekly benefit of lesser of: <ul style="list-style-type: none"> <li>• 70% of base pay</li> <li>• \$ 750 (Option 1)</li> <li>• \$1,500 (Option 2)</li> <li>• \$2,000 (Option 3)</li> </ul> </li> <li>• Benefits begin on the first day if hospitalized for at least 24 hours</li> <li>• Benefits begin on the 31st day if not admitted to hospital</li> <li>• Benefits for pregnancy pay 6 weeks for normal birth, 8 weeks for C-section</li> <li>• Pre-existing Condition Exclusion for first six months after initial election or after Option level increase</li> <li>• Periods of disability due to the same cause count as one period unless separated by six months or more of full-time active work</li> <li>• Return to Work: Benefits will stop if working in any capacity</li> </ul>	<ul style="list-style-type: none"> <li>• For non-work related accident or illness</li> <li>• Monthly cost: \$0.87 per \$100 of salary</li> <li>• After-tax deduction</li> <li>• Benefits are tax-free</li> <li>• Maximum Payment: 26 weeks</li> <li>• Pays weekly benefit the lesser of: <ul style="list-style-type: none"> <li>• 66.66% of base pay</li> <li>• \$769.27</li> </ul> </li> <li>• Benefits begin on the first day if disability is due to an accident</li> <li>• After an Open Enrollment election, benefits begin on the 61st day for illness or childbirth unless you have been covered by another STD plan for the 12 months prior to October 1</li> <li>• Benefits for pregnancy pay from 31st day through 42nd day after birth</li> <li>• No Pre-existing Condition Exclusion</li> <li>• Periods of disability due to the same cause count as one period unless separated by 30-days or more</li> <li>• Return to work: Partial benefits if working 80% or less than full-time</li> </ul>

## **QUESTIONS AND ANSWERS:**

### **Older Child (Over 18 and under 25)**

1. If new hires have dependents 19 to 24 years old not attending school, will they be covered?  
*Answer: No, the new rule states that non-fulltime students over 18 and under 25 years of age must have been covered by the ADOA plan when the child was 18 years of age.*
2. When does the 25 year old dependent's coverage end? Birthday? End of birth month?  
*Answer: Coverage will end at 11:59 p.m. the day before the dependent turns 25 years old.*
3. Are non-fulltime students between the ages of 19 to 24 covered out of state?  
*Answer: Only if they are full-time students. The new rule requires non-fulltime students over 18 and under 25 years of age reside in the State of Arizona.*
4. Some current employees that have older dependents that were enrolled in their plan at 19 or older, with the new rules can they enroll them on their benefits during Open Enrollment?  
*Answer: No, dependents, according to the new rule, have to be on an ADOA plan when the child was 18 years of age. A.A.C. R2-5-101*
5. What documentation will be required for dependents that are over 19 and non students?  
*Answer: Birth certificate or documents proving eligibility as required by ADOA.*
6. Do older non-fulltime student dependents (over 18 and under 25 years of age), need to reside in the same household as the employee? *Answer: No, but they do need to reside in the State of Arizona.*
7. If an employee gets married, can the employee add an over 18 and under 25 years of age dependent of the new spouse? *Answer: Yes, if the dependent is a fulltime student. No, if the dependent is not a fulltime student and was not covered under an ADOA plan when the child was 18 years of age.*

### **Domestic Partners**

8. If domestic partners are legally married in another state, do they have to complete the same paperwork? *Answer: Yes, and they will need to meet the requirements as outlined in the rules. A.A.C. R2-5-101.*



9. Do dependents of domestic partners have to reside with the member? *Answer: No, but non-fulltime students have to reside in the State of Arizona. Fulltime students can reside out of the State of Arizona.*
10. Will we have a specific phone number that employees can call to obtain information on domestic partners and older children? *Answer: Call BenefitOptions at (602) 542.5008 and select option "0" for eligibility questions relating to coverage for domestic partners and older children.*
11. If a domestic partner has been living with someone for 9 months on October 1st, can they enroll their domestic partner 3 months after October 1<sup>st</sup> as a Qualified Life Event? *Answer: Yes.*
12. Are children of a domestic partner covered? *Answer: Yes, if they fall under the definition of a 'child'. A.A.C. R2-5-101.*
13. Will the domestic partner paperwork need to be notarized? *Answer: Yes*

## **Wellness**

14. Will a Wellness Event Attendance Policy be put in place Statewide? *Answer: It has been proposed but at this time there is no plan to put one in place. Check for your individual agency's policy.*
15. Will Wellness programs be available in the rural areas? *Answer: Yes, ADOA is focusing on promoting more Wellness events with increased participation in all rural areas.*

## **Audit process**

16. Will we be auditing the benefits elections for each employee? *Answer: Any employee with dependents will be considered for audit.*
17. During the audit process, will they be auditing student status verification? *Answer: It is possible that it will be a requirement; we are working through that process and may find that the vendor records can be reviewed to verify student status.*

## **Other**

18. What is the date for the appeals process? *Answer: September 10 through October 27th (subject to change).*



Arizona Department of Administration  
Benefit Services Division  
100 N. 15th Ave #103  
Phoenix, AZ 85007

# EXPERIENCE THE POWER OF CHANGE



MAYO CLINIC  
Health Risk  
Assessment

## Benefit Options

Choice. Value. Health.

Log on to: [www.bewellstaywell.az.gov](http://www.bewellstaywell.az.gov)